
Mycophenolate mofetil for refractory chronic graft-versus-host disease

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We read with great interest the study by Busca *et al.*,¹ reporting the efficacy of (MMF) in refractory cGvHD. In their cohort of patients, the overall response rate to MMF was high (72%), and the toxic profile was considered acceptable. The efficacy of MMF was also demonstrated by decreasing the steroid dose in those responder patients. However, two considerations should be made. The first one concerns the patients' selection. The authors treated patients with localized cGvHD and the therapy should not be performed in this setting of patients.² Furthermore, the authors did not detail how many patients with limited cGvHD achieved a complete or partial remission.

The second consideration concerns, infectious complications. Indeed, infections occurred in 44% of evaluable patients, but it was not specified in detail which kind of

infections there were. Probably, this high rate of infections, reported by others,³ is related to several factors including the strong immunosuppressive activity of MMF.

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